

County: Clark  
CLARK COUNTY HEALTH CARE CENTER  
W4266 STATE HIGHWAY 29

Facility ID: 2210

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OWEN 54460 Phone: (715) 229-2172  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 180  
Total Licensed Bed Capacity (12/31/01): 189  
Number of Residents on 12/31/01: 169

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 168

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		24.9
Supp. Home Care-Personal Care	No					1 - 4 Years		36.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	17.2	More Than 4 Years		39.1
Day Services	No	Mental Illness (Org./Psy)	43.2	65 - 74	20.1			-----
Respite Care	No	Mental Illness (Other)	18.3	75 - 84	33.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	26.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	2.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	7.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.1		100.0	(12/31/01)		
Other Meals	Yes	Cardiovascular	5.3	65 & Over	82.8	-----		
Transportation	No	Cerebrovascular	4.7		-----	RNs		10.9
Referral Service	No	Diabetes	3.6	Sex	%	LPNs		3.7
Other Services	No	Respiratory	5.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	47.9	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	52.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	2	11.1	246	6	4.7	126	0	0.0	0	1	4.5	125	0	0.0	0	0	0.0	0	9	5.3
Skilled Care	16	88.9	240	89	69.5	108	1	100.0	117	17	77.3	125	0	0.0	0	0	0.0	0	123	72.8
Intermediate	---	---	---	33	25.8	90	0	0.0	0	4	18.2	90	0	0.0	0	0	0.0	0	37	21.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		128	100.0		1	100.0		22	100.0		0	0.0		0	0.0		169	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	14.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	11.1	Bathing	16.6	45.0	38.5	169
Other Nursing Homes	12.2	Dressing	27.8	34.9	37.3	169
Acute Care Hospitals	57.8	Transferring	47.3	30.2	22.5	169
Psych. Hosp. -MR/DD Facilities	1.1	Toilet Use	33.1	33.1	33.7	169
Rehabilitation Hospitals	2.2	Eating	38.5	42.0	19.5	169
Other Locations	1.1	*****				
Total Number of Admissions	90	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	5.3	Receiving Respiratory Care		1.8
Private Home/No Home Health	22.7	Occ/Freq. Incontinent of Bladder	43.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	13.6	Occ/Freq. Incontinent of Bowel	24.3	Receiving Suctioning		0.0
Other Nursing Homes	6.8			Receiving Ostomy Care		1.2
Acute Care Hospitals	9.1	Mobility		Receiving Tube Feeding		3.0
Psych. Hosp. -MR/DD Facilities	1.1	Physically Restrained	9.5	Receiving Mechanically Altered Diets		16.0
Rehabilitation Hospitals	1.1					
Other Locations	3.4	Skin Care		Other Resident Characteristics		
Deaths	42.0	With Pressure Sores	2.4	Have Advance Directives		62.1
Total Number of Discharges (Including Deaths)	88	With Rashes	3.0	Medications		
				Receiving Psychoactive Drugs		47.9

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Government Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.6	87.7	1.01	83.5	1.06	84.4	1.05	84.6	1.05
Current Residents from In-County	56.8	76.7	0.74	79.2	0.72	75.4	0.75	77.0	0.74
Admissions from In-County, Still Residing	40.0	28.2	1.42	22.5	1.78	22.1	1.81	20.8	1.92
Admissions/Average Daily Census	53.6	91.3	0.59	125.7	0.43	118.1	0.45	128.9	0.42
Discharges/Average Daily Census	52.4	92.8	0.56	127.5	0.41	118.3	0.44	130.0	0.40
Discharges To Private Residence/Average Daily Census	19.0	32.9	0.58	51.5	0.37	46.1	0.41	52.8	0.36
Residents Receiving Skilled Care	78.1	90.8	0.86	91.5	0.85	91.6	0.85	85.3	0.92
Residents Aged 65 and Older	82.8	88.8	0.93	94.7	0.87	94.2	0.88	87.5	0.95
Title 19 (Medicaid) Funded Residents	75.7	67.9	1.12	72.2	1.05	69.7	1.09	68.7	1.10
Private Pay Funded Residents	13.0	19.7	0.66	18.6	0.70	21.2	0.61	22.0	0.59
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	61.5	46.1	1.33	35.8	1.72	39.5	1.56	33.8	1.82
General Medical Service Residents	0.0	14.8	0.00	16.9	0.00	16.2	0.00	19.4	0.00
Impaired ADL (Mean)	49.0	49.7	0.98	48.2	1.02	48.5	1.01	49.3	0.99
Psychological Problems	47.9	56.1	0.86	48.7	0.98	50.0	0.96	51.9	0.92
Nursing Care Required (Mean)	3.4	6.7	0.51	6.9	0.49	7.0	0.48	7.3	0.46